



IN THE DISTRICT COURT OF OKLAHOMA COUNTY
STATE OF OKLAHOMA

FILED IN DISTRICT COURT
OKLAHOMA COUNTY

STEPHEN MULLICAN AND
KELLEY MULLICAN,

Plaintiffs,

v.

STATE FARM FIRE AND
CASUALTY COMPANY,

Defendant.

JAN 31 2023

RICK WARREN
COURT CLERK

108

Case No.

CJ-2022-5083

SUMMONS

To the above-named Defendant:

STATE FARM FIRE AND CASUALTY COMPANY
c/o Glen Mulready (Oklahoma Insurance
Commissioner)
Oklahoma Insurance Department
Attn: Legal Division
400 NE 50th Street,
Oklahoma City, OK 73105

You have been sued by the above-named Plaintiffs, and you are directed to file a written Answer to the attached Petition in the Court at the above address within twenty (20) days after service of this Summons upon you, exclusive of the day of service. Within the same time, a copy of your Answer must be delivered or mailed to the attorney for the Plaintiff.

Unless you answer the Petition within the time stated, judgment will be rendered against you with costs of the action.

ISSUED this 14 day of Oct, 2022.

RICK WARREN, Court Clerk
COURT CLERK,

(Seal)

Attorneys for Plaintiff:

Deputy Court Clerk

Name: Terry M. McKeever
Foshee & Yaffe Law Firm
Address: P.O. Box 890420
Oklahoma City, OK 73189
Telephone: (405) 632-6668

This Summons was served/mailed on

January 27, 2023

YOU MAY SEEK THE ADVICE OF AN ATTORNEY ON ANY MATTER
CONNECTED WITH THIS SUIT OR YOUR ANSWER. SUCH ATTORNEY SHOULD
BE CONSULTED IMMEDIATELY SO THAT AN ANSWER MAY BE FILED WITHIN
THE TIME LIMIT STATED IN THE SUMMONS.

YOU MAY SEEK THE ADVICE OF AN ATTORNEY
CONNECTED WITH THIS SUIT OR YOUR ANSWER. SUCH ATTORNEY SHOULD
BE CONSULTED IMMEDIATELY SO THAT AN ANSWER MAY BE FILED WITHIN
THE TIME LIMIT STATED IN THE SUMMONS.

RETURN OF SERVICE BY SHERIFF (PERSONAL SERVICE)

I certify that I received the foregoing Summons on the _____ day of _____, 20____, and that I delivered a copy of said Summons with a copy of the Petition to each of the following named Defendant(s) personally in _____ County at the address and on the date set forth opposite each name, to-wit:

NAME OF DEFENDANT

ADDRESS

DATE OF SERVICE

USUAL PLACE OF RESIDENCE

I certify that I received the foregoing Summons on this _____ day of _____, 20____. I served _____ by leaving a copy of said Summons with a copy of the Petition attached at _____ which is his/her usual place of residence with _____, a member of his/her family fifteen (15) years of age or older.

CORPORATION RETURN

Received this Summons this _____ day of _____, 20____, and as commanded therein, I Summoned the within _____ named Defendant, as follows, to-wit: _____, a corporation, on the _____ day of _____, 20____, by delivering a true and correct copy of the Petition to _____, being the _____ of said Corporation, and the _____, President, Vice-President, Secretary, Treasurer or other chief officer not being found in said County.

NOT FOUND

Received this Summons this _____ day of _____, 20____, I certify that the following persons of the Defendant _____ within _____ named not found in County: _____.

FEES

Fee for service \$ _____ Mileage _____ Total _____ Dated this _____ day of _____, 20____.

Sheriff _____

Deputy _____

By: _____

CERTIFICATE OF SERVICE BY MAIL

I certify that I mailed copies of the foregoing Summons with a copy of the Petition attached to the following named Defendant(s) at the addresses shown by certified mail, addressee only, return receipt requested on this 26th day of January, 2023, and receipt thereof on the date shown.

DEFENDANT

ADDRESS WHERE SERVED

DATE RECEIPTED

State Farm 400 NE 50th Street
Fire + Casualty OKC, OK 73105
Company

January 27, 2023

State Farm 400 NE 50th Street
Fire + Casualty OKC, OK 73105
Company

State Farm 400 NE 50th Street
Fire + Casualty OKC, OK 73105
Company

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

State Farm Fire and Casualty Company
Oklahoma Insurance Department
Attn: Legal Division
400 NE 50th Street
Oklahoma City, OK 73105



9590 9402 3972 8079 3616 23

2. Article Number (Transfer from service label)

7019 0140 0000 8587 2176

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

[Signature] ☐ Agent
☒ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

RECEIVED

FRONT DESK

JAN 27 2023

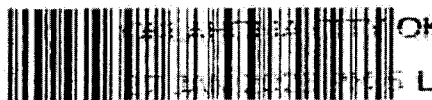
OKLAHOMA INSURANCE DEPT.

3. Service Type

- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input checked="" type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail | |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) | |

Domestic Return Receipt

USPS TRACKING



9590 9402 3972 8079 3616 23

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

United States
Postal Service

JAN 30 2023

* Sender: Please print your name, address, and ZIP+4® in this box*

Foshee & Yaffe Law Firm
Attn: rdk Yaffe Mullican SP 012623
PO Box 890420
Oklahoma City, OK 73189

